

Case Number:	CM14-0115223		
Date Assigned:	08/04/2014	Date of Injury:	05/07/2014
Decision Date:	09/16/2014	UR Denial Date:	06/20/2014
Priority:	Standard	Application Received:	07/21/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in Illinois. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 55-year-old male who reported an injury on 05/07/2014 due to cumulative trauma. On 07/12/2014, the injured worker presented with low back pain, neck pain, and hip and buttock pain. On examination of the lumbar spine, there was decreased range of motion limited due to pain and tenderness and pain to palpation over the bilateral lumbar paraspinals and L1-5 facets. There was a positive bilateral straight leg raise. Motor strength to the bilateral lower extremities was 3/5 with intact sensation. The diagnoses were cervical sprain/strain, lumbar sprain/strain, and left hip joint signs and symptoms. Therapy included medications, topical cream, chiropractic care, acupuncture, and urine drug screen. The provider recommended an NCV for the upper extremity, an EMG for the upper extremity, acupuncture, Functional Capacity Evaluation, pain management evaluation, MRI for the cervical spine and lumbar spine, orthopedic consultation, and shock-wave therapy. The provider's rationale was not provided. The request for authorization form was dated 07/15/2014.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

NCV (Nerve Conduction Velocity) for the upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178, 182, table 8-8. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC), Neck & Upper Back Procedure Summary, last updated 04/14/2014.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: California MTUS/ACOEM state that electromyography and nerve conduction velocities may help identify subtle, focal neurologic dysfunction in injured workers with neck or arm symptoms or both lasting more than 3 to 4 weeks. Official Disability Guidelines do not recommend nerve conduction studies as there is minimal justification for performing nerve conduction studies when an injured worker is presumed to have symptoms on the basis of radiculopathy. A systematic review and meta-analysis demonstrates that neurological testing procedures have limited overall diagnostic accuracy in detecting disc herniation with suspected radiculopathy. In management of spine trauma with radicular symptoms, EMG/nerve conduction studies have low sensitivity and specificity in confirming root injury and there is limited evidence to support the use of often uncomfortable and costly EMG/NCVs. The provider's rationale for the request was not provided within the documentation for review. The included medical documents lacked evidence of the injured worker's failure of conservative treatment. Physical examination noted numbness and tingling of the cervical spine. There was also neck pain in the bilateral upper extremities associated with numbness. There was a lack of documentation of muscle weakness with decreased sensation and other symptoms which would indicate nerve impingement. The guidelines do not recommend a nerve conduction study. As such, the request for NCV (nerve conduction velocity) for the upper extremity is not medically necessary and appropriate.

EMG (electromyogram) of the upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178, 182, table 8-8. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC), Neck & Upper Back Procedure Summary, last updated 04/14/2014.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The California MTUS/ACOEM Guidelines state that electromyography and nerve conduction velocities including H-reflex tests may help identify subtle, focal neurologic dysfunction in injured workers with neck or arm symptoms, lasting more than 3 to 4 weeks. The included medical documentation notes cervical pain associated with numbness and tingling. There was lack of evidence of a positive Spurling's test, decreased reflexes, decreased strength, or decreased sensation. An adequate examination of the injured worker was not provided detailing current deficits to warrant an EMG of the upper extremity. As such, the request for an EMG (electromyography) of the upper extremity is not medically necessary and appropriate.

Acupuncture for the neck and lower back, two (2) times weekly for four (4) weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The California MTUS states acupuncture is used as an option when pain medication is reduced or not tolerated. It must be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Frequency and duration of acupuncture or acupuncture with electrical stimulation may be performed within 3 to 6 treatments to produce functional improvement with a frequency of 1 to 3 times a week for an optimum duration of 1 to 2 months. There is lack of documentation of the efficacy of the prior use of acupuncture. Additionally, the provider's request for acupuncture 2 times a week for 4 weeks exceeds the guideline recommendations. As such, the request for acupuncture for the neck and lower back 2 times a week for 4 weeks is not medically necessary and appropriate.

Functional capacity evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC) Fitness for Duty Procedure Summary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Capacity Evaluation Page(s): 77-89. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for duty, Functional Capacity Evaluation.

Decision rationale: California MTUS/ACOEM states that Functional Capacity Evaluation may be necessary to obtain a more precise delineation of the injured worker's capabilities. The Official Disability Guidelines further state that a Functional Capacity Evaluation is recommended and may be used prior to admission to a work hardening program with preference for assessment tailored to a specific job or task. Functional Capacity Evaluation is not recommended for routine use. There is lack of objective findings upon physical examination demonstrating significant functional deficit. The documentation lacked evidence of how a Functional Capacity Evaluation will aid the provider in an evolving treatment plan or goals. There is also a lack of documentation of the efficacy of the prior treatments the injured worker underwent previously. As such, the request for Functional Capacity Evaluation is not medically necessary and appropriate.

Pain management evaluation and treatment: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Chapter 7, page 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Introduction Page(s): 1.

Decision rationale: The California MTUS Guidelines state that if the complaint persists, the physician needs to reconsider the diagnosis and decide whether a specialist evaluation is necessary. The clinical documentation provides no evidence that the current treatment requested

for the injured worker resulted in improvement in the injured worker's pain complaints or that complex pain management for control is required. Based on the submitted documentation reviewed and the medical guidelines, a pain management consultation would not be indicated. As such, the request for a pain management evaluation and treatment is not medically necessary and appropriate.

Magnetic Resonance Imaging (MRI) of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 172, 182, table 8-8. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC) Neck & Upper Back Procedure Summary last updated 04/14/2014.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The California MTUS/ACOEM Guidelines state that special studies are not needed unless a 3 to 4 weeks' period of conservative care and observation fails to improve symptoms. The criteria for any imaging studies include emergence of a red flag, physiologic evidence of a tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, or clarification of anatomy prior to an invasive procedure. There is a lack of evidence of a 3 to 4 weeks' failure of conservative care and treatment. Additionally, there is no evidence of an emergency of a red flag or physiologic evidence of a tissue insult or neurologic dysfunction. The provider's rationale for the request was not provided. As such, the request for MRI of the cervical spine is not medically necessary and appropriate.

Magnetic Resonance Imaging (MRI) of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC) Low Back Procedure Summary last updated 05/12/2014.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The California MTUS/ACOEM Guidelines state that special studies are not needed unless a 3 to 4 weeks' period of conservative care and observation fails to improve symptoms. The criteria for any imaging studies include emergence of a red flag, physiologic evidence of a tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, or clarification of anatomy prior to an invasive procedure. There is a lack of evidence of a 3 to 4 weeks' failure of conservative care and treatment. Additionally, there is no evidence of an emergency of a red flag or physiologic evidence of a tissue insult or neurologic dysfunction. The provider's rationale for the request was not provided. As such, the request for MRI of the lumbar spine is not medically necessary and appropriate.

Orthopedic consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Chapter 7, page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), updated guidelines, Chapter 6, page 163.

Decision rationale: The California MTUS/ACOEM Guidelines state that a consultation is intended to aid in assessing the diagnosis, prognosis, therapeutic management, determination of medical stability, permanent residual loss, and/or examinees fitness to return to work. There was no clear rationale to support the need for a consultation. As such, the request for orthopedic consultation is not medically necessary and appropriate.

Shockwave therapy for the lumbar spine, four (4) to six (6) sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC) Low Back Procedure Summary last updated 05/12/2014.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201-205.

Decision rationale: California MTUS/ACOEM states some medium quality evidence supports manual physical therapy, ultrasound, and high energy electrocorporeal shock-wave therapy for calcifying tendinitis of the shoulder. The initial use of less invasive techniques provides an opportunity for the clinician to monitor progress before referring to a specialist. There is a lack of information upon physical exam and lack of documentation of other treatments the injured worker underwent previously and the measurement of progress with the prior treatments. As such, the request for shock-wave therapy for the lumbar spine 4 to 6 sessions is not medically necessary and appropriate.